

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 718866

1. Entity Name

THE FEDHAVEN VOLUNTEER FIRE COMPANY, INC.

Principal Place of Business

700 FEDHAVEN DR.
P.O. BOX 8575
FEDHAVEN FLA 33854-5575

Mailing Address

700 FEDHAVEN DR.
P.O. BOX 8575
FEDHAVEN FLA 33854-5575

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

—City & State

—City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ST. GERMAIN, ROGER
2320 THOREAU DR
LAKE WALES FL 33853

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code
33898

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NVKAMP, JAY PO BOX 8157 FEDHAVEN FL 33854	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LAMBIASE, RICHARD J 2501 ALCOTT DRIVE LAKE WALES, FL 33898	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LAMBIASE, RICHARD J. 1 FEDHAVEN CIRCLE FEDHAVEN, FL 00000 33854	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DAMATO, STEVEN P.O. Box 8215 FEDHAVEN, FL 33854	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD ST GERMAIN, ROGER 2320 THOREAU DR LAKE WALES FL 33853	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD ST. GERMAIN, ROGER L 2320 THOREAU DRIVE LAKE WALES, FL 33898	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT SEVELA, JOSEPH P.O. BOX 8423 FEDHAVEN FL 33853	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MULLER, WALTER P.O. Box 8525 FEDHAVEN, FL 33854	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ST. GERMAIN, SUSAN H 2320 THOREAU DR. LAKE WALES FL 33853	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ST. GERMAIN, SUSAN H 2320 THOREAU DRIVE LAKE WALES, FL 33898	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Roger L. St. Germain* *EQI* *ROGER L. ST. GERMAIN* *15 JUL 01* *863-696-4486*

CR2E037 (5/01)